

(Official Form B1) (12/03)

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>																	
Name of Debtor (if individual, enter Last, First, Middle): <b>Colby, Daniel H.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Colby, Mary D.</b>																		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																		
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-3997</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-4880</b>																		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>509 Landmeier Rd.</b> <b>Elk Grove Village, IL 60007</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>509 Landmeier Rd.</b> <b>Elk Grove Village, IL 60007</b>																		
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business: <b>Cook</b>																		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																		
Location of Principal Assets of Business Debtor (if different from street address above):																					
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																					
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																					
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																		
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																		
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																					
<b>Statistical/Administrative Information</b> (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors																					
Estimated Assets																					
Estimated Debts																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1-15</td> <td style="width: 12.5%;">16-49</td> <td style="width: 12.5%;">50-99</td> <td style="width: 12.5%;">100-199</td> <td style="width: 12.5%;">200-999</td> <td style="width: 12.5%;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1-15	16-49	50-99	100-199	200-999	1000-over																
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														



Form B6D  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No.			<b>Tax lien</b>					
<b>INTERNAL REVENUE SERVICE ACS Support - Stop 813G P.O. Box 145566 Cincinnati, OH 45250</b>		<b>J</b>	<b>Debtor's residence</b>					
			Value \$ <b>450,000.00</b>				<b>42,000.00</b>	<b>0.00</b>
Account No. xxxxxx8500			<b>First Mortgage</b>					
<b>LITTON LOAN SERVICING LP 4828 Loop Central Dr. Houston, TX 77081</b>		<b>J</b>	<b>509 Landmeier Rd., Elk Grove Village, IL 60007</b>					
			Value \$ <b>450,000.00</b>				<b>355,285.00</b>	<b>0.00</b>
Account No.			<b>Arrearage on first mortgage</b>					
<b>LITTON LOAN SERVICING LP 4828 Loop Central Dr. Houston, TX 77081</b>		<b>J</b>	<b>509 Landmeier Rd., Elk Grove Village, IL</b>					
			Value \$ <b>450,000.00</b>				<b>15,521.91</b>	<b>0.00</b>
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal  
(Total of this page)

**412,806.91**

Total  
(Report on Summary of Schedules)

**412,806.91**

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Form B6E - Cont.  
(04/05)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No. <b>xx-xx-xxx-xxx-0000</b>		J	<b>2004</b>					
<b>COOK COUNTY TREASURER</b> <b>118 N. Clark St.</b> <b>Suite 112</b> <b>Chicago, IL 60602</b>			<b>Real estate taxes</b>					
Account No.		J	<b>2001, 2003, 2004</b>					
<b>ILL. DEPT. OF REVENUE</b> <b>101 W. Jefferson Sr.</b> <b>P.O. Box 19015</b> <b>Springfield, IL 62794</b>			<b>Income taxes</b>			<b>X</b>		
Account No.		J	<b>2004</b>					
<b>INTERNAL REVENUE SERVICE</b> <b>ACS Support - Stop 813G</b> <b>P.O. Box 145566</b> <b>Cincinnati, OH 45250</b>			<b>Income taxes</b>					
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**21,686.09**

Total  
(Report on Summary of Schedules)

**21,686.09**

Form B6F  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>ADVOCATE LUTHERAN GENERAL HOSP. 1775 Dempster St. Park Ridge, IL 60068</b>	<b>J</b>	<b>Medical</b>				<b>524.64</b>
Account No.  <b>ADVOCATE MEDICAL GROUP P.O. Box 92523 Chicago, IL 60675</b>	<b>J</b>	<b>Medical</b>				<b>514.38</b>
Account No.  <b>ALEXIAN BROTHERS 800 Biesterfield Rd. Elk Grove Village, IL 60007</b>	<b>J</b>	<b>Medical</b>				<b>56,372.97</b>
Account No.  <b>ARMOR SYSTEMS CORP 2322 N. Greenbay Rd. Waukegan, IL 60087</b>	<b>H</b>					<b>45.00</b>
Subtotal (Total of this page)						<b>57,456.99</b>

7 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical</b>				
<b>CARDIOVASCULAR ASSOCIATES</b> <b>Dept 20 - 1027</b> <b>P.O. Box 5940</b> <b>Carol Stream, IL 60197</b>	<b>H</b>					<b>7,336.00</b>
Account No.		<b>Credit card</b>				
<b>CHASE MANHATTAN BANK</b> <b>J. P. MORGAN CHASE &amp; CO.</b> <b>227 W. Monroe, Suite 2700</b> <b>Chicago, IL 60606</b>	<b>J</b>					<b>8,550.97</b>
Account No. <b>3375</b>						
<b>CROSS COUNTRY BANK</b> <b>c/o Nations Recovery</b> <b>Atlanta, GA 30362</b>	<b>H</b>					<b>970.05</b>
Account No. <b>xx-x2805</b>		<b>Medical</b>				
<b>DUPAGE INTERNAL MEDICINE</b> <b>350 W. Kensington Rd.</b> <b>Suite 115</b> <b>Mount Prospect, IL 60056</b>	<b>H</b>					<b>509.00</b>
Account No. <b>-2436</b>		<b>Medical</b>				
<b>ELK GROVE CARDIOLOGY</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>H</b>					<b>84.00</b>
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>17,450.02</b>

Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical</b>				
<b>ELK GROVE LAB PHYSICIANS</b> <b>Dept. 77-9154</b> <b>Chicago, IL 60678</b>	<b>H</b>					<b>269.00</b>
Account No.		<b>Medical</b>				
<b>ELK GROVE RADIOLOGY</b> <b>75 Remittance Dr.</b> <b>Suite 6500</b> <b>Chicago, IL 60675</b>	<b>J</b>					<b>59.00</b>
Account No.						
<b>ENPRO, INC.</b> <b>121 S. Lombard</b> <b>Addison, IL 60101</b>	<b>H</b>				<b>X</b>	<b>7,174.64</b>
Account No.		<b>Medical</b>				
<b>FEMALE HEALTH CARE ASSOC.</b> <b>201 E. Hurin # 11-105</b> <b>Chicago, IL 60611</b>	<b>W</b>					<b>137.11</b>
Account No.		<b>Medical</b>				
<b>GASTROENTEROLOGY ASSOCIATES</b> <b>222 East Dundee Rd.</b> <b>Wheeling, IL 60090</b>	<b>H</b>					<b>38.42</b>
Sheet no. <u>2</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>7,678.17</b>



Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>GREENLEAF LANDSCAPING</b> <b>1663 Paul St.</b> <b>Glendale Heights, IL 60139</b>	<b>W</b>					<b>240.00</b>
Account No.						
<b>ICE MOUNTAIN SPRING WATER</b> <b>2767 E. Imperial Hwy.</b> <b>Brea, CA 92821</b>	<b>W</b>					<b>175.81</b>
Account No.						
<b>KOHL'S</b> <b>P.O. Box 3004</b> <b>Milwaukee, WI 53201</b>	<b>W</b>					<b>1,062.70</b>
Account No.						
<b>LASALLE BANK</b> <b>c/o Telecheck Recovery Services</b> <b>P.O. Box 17450</b> <b>Denver, CO 80127</b>	<b>W</b>					<b>502.43</b>
Account No.		<b>Medical</b>				
<b>MEA ELK GROVE LLC</b> <b>900 Oakmont Lane</b> <b>Suite 200</b> <b>Westmont, IL 60559</b>	<b>J</b>					<b>1,362.00</b>
Sheet no. <u>3</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,342.94</b>

Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>NATIONAL CITY BANK 9101 N. Greenwood Niles, IL 60714</b>	<b>H</b>					<b>2,000.00</b>
Account No.		<b>Medical</b>				
<b>NORTHWEST COMMUNITY HOSPITAL 800 West Central Rd. Arlington Heights, IL 60005</b>	<b>J</b>					<b>300.00</b>
Account No.		<b>Medical</b>				
<b>NORTHWEST RADIOLOGY ASSOC. 641 E. Butterfield Rd. Lombard, IL 60148</b>	<b>W</b>					<b>34.00</b>
Account No.		<b>Medical</b>				
<b>NORTHWESTERN MEDICAL FACULTY FOUND. 680 N. Lake Shore Dr. Suite 1000 Chicago, IL 60611</b>	<b>W</b>					<b>89.67</b>
Account No.		<b>Medical</b>				
<b>NORTHWESTERN MEMORIAL HOSP. 251 E. Hurin St. Chicago, IL 60611</b>	<b>J</b>					<b>80.00</b>
Sheet no. <b>4</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,503.67</b>

Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	Medical			X	610.00
PALATINE ENDODONTICS 520 N. Hicks Rd. Suite # 110 Palatine, IL 60067						
Account No. xxxx & 0927	J	Credit card				9,541.16
PROVIDIAN P.O. Box 99604 Arlington, TX 76096						
Account No.	W	Medical				47.58
RADIOLOGY IMAGING CONSULTANTS P.O. Box 1886 Harvey, IL 60426						
Account No.	H					1,150.00
RICHARD WINER, CPA PC 181 Waukegan Rd. Suite 301 Winnetka, IL 60093						
Account No.	W	Medical				454.00
RUSH BEHAVIORAL SYSTEMS 500 W. Central Rd. "Hi Fred" Mount Prospect, IL 60056						
Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,802.74

Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>SBC</b> <b>c/o Asset Acceptance LLC</b> <b>P.O. Box 2036</b> <b>Warren, MI 48090</b>	<b>J</b>					<b>129.95</b>
Account No.						
<b>STANLEY TECHNICAL CORP.</b> <b>3355 N. Ridge</b> <b>Arlington Heights, IL 60004</b>	<b>H</b>				<b>X</b>	<b>Unknown</b>
Account No.						
<b>T MOBILE</b> <b>P.O. Box 742596</b> <b>Cincinnati, OH 45274</b>	<b>W</b>					<b>426.31</b>
Account No.						
<b>TRUE-GREEN CHEMLAWN</b> <b>P.O. Box 848</b> <b>Wheeling, IL 60090</b>	<b>J</b>				<b>X</b>	<b>154.00</b>
Account No.		<b>Medical</b>				
<b>UNITED HEALTH CARE</b> <b>c/o D &amp; B RMS</b> <b>77 Hartland St., Suite 401</b> <b>East Hartford, CT 06128</b>	<b>J</b>					<b>368.14</b>
Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,078.40</b>

Form B6F - Cont.  
(12/03)

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>WAGENER EQUITIES</b> <b>1840 Industrial Dr.</b> <b>Libertyville, IL 60048</b>		<b>H</b>				<b>Unknown</b>
Account No.						
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>0.00</b>
						Total (Report on Summary of Schedules)
						<b>101,312.93</b>

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re **Daniel H. Colby,  
Mary D. Colby**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE H. CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

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NAME AND ADDRESS OF CODEBTOR

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NAME AND ADDRESS OF CREDITOR

---

0 continuation sheets attached to Schedule of Codebtors

**United States Bankruptcy Court****Northern District of Illinois**In re **Daniel H. Colby**  
**Mary D. Colby**

Debtor(s)

Case No.

Chapter

**13****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<b>1,100.00</b>
Prior to the filing of this statement I have received.....	\$	<b>1,100.00</b>
Balance Due.....	\$	<b>0.00</b>

2. \$ **194.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 15, 2005**

**/s/ JOSEPH E. COHEN**

**JOSEPH E. COHEN**

**COHEN & KROL**

**105 West Madison Street**

**Suite 1100**

**Chicago, IL 60602**

**312-368-0300**



**United States Bankruptcy Court  
Northern District of Illinois**

In re **Daniel H. Colby**  
**Mary D. Colby** Debtor(s) Case No. \_\_\_\_\_  
Chapter **13**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **46**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 15, 2005** **/s/ Daniel H. Colby**  
**Daniel H. Colby**  
Signature of Debtor

Date: **October 15, 2005** **/s/ Mary D. Colby**  
**Mary D. Colby**  
Signature of Debtor

ADVOCATE LUTHERAN GENERAL HOSP.  
1775 Dempster St.  
Park Ridge, IL 60068

ADVOCATE MEDICAL GROUP  
P.O. Box 92523  
Chicago, IL 60675

ALEXIAN BROTHERS  
800 Biesterfield Rd.  
Elk Grove Village, IL 60007

ARMOR SYSTEMS CORP  
2322 N. Greenbay Rd.  
Waukegan, IL 60087

BLITT & GAINES  
318 W. Adams Street  
Suite 1600  
Chicago, IL 60606

CARDIOVASULAR ASSOCIATES  
Dept 20 - 1027  
P.O. Box 5940  
Carol Stream, IL 60197

CHASE MANHATTAN BANK  
J. P. MORGAN CHASE & CO.  
227 W. Monroe, Suite 2700  
Chicago, IL 60606

COOK COUNTY TREASURER  
118 N. Clark St.  
Suite 112  
Chicago, IL 60602

CROSS COUNTRY BANK  
c/o Nations Recovery  
Atlanta, GA 30362

DUPAGE INTERNAL MEDICINE  
350 W. Kensington Rd.  
Suite 115  
Mount Prospect, IL 60056

ELK GROVE CARDIOLOGY  
520 E. 22nd St.  
Lombard, IL 60148

ELK GROVE LAB PHYSICIANS  
Dept. 77-9154  
Chicago, IL 60678

ELK GROVE RADIOLOGY  
75 Remittance Dr.  
Suite 6500  
Chicago, IL 60675

ENPRO, INC.  
121 S. Lombard  
Addison, IL 60101

FEMALE HEALTH CARE ASSOC.  
201 E. Hurin # 11-105  
Chicago, IL 60611

GASTROENTEROLOGY ASSOCIATES  
222 East Dundee Rd.  
Wheeling, IL 60090

GREENLEAF LANDSCAPING  
1663 Paul St.  
Glendale Heights, IL 60139

ICE MOUNTAIN SPRING WATER  
2767 E. Imperial Hwy.  
Brea, CA 92821

ILL. DEPT. OF REVENUE  
101 W. Jefferson Sr.  
P.O. Box 19015  
Springfield, IL 62794

INTERNAL REVENUE SERVICE  
ACS Support - Stop 813G  
P.O. Box 145566  
Cincinnati, OH 45250

INTERNAL REVENUE SERVICE  
ACS Support - Stop 813G  
P.O. Box 145566  
Cincinnati, OH 45250

KOHL'S  
P.O. Box 3004  
Milwaukee, WI 53201

LASALLE BANK  
c/o Telecheck Recovery Services  
P.O. Box 17450  
Denver, CO 80127

LEON ZELECHOWSKI  
111 W. Washington  
Suite 1437  
Chicago, IL 60602

LITTON LOAN SERVICING LP  
4828 Loop Central Dr.  
Houston, TX 77081

LITTON LOAN SERVICING LP  
4828 Loop Central Dr.  
Houston, TX 77081

MEA ELK GROVE LLC  
900 Oakmont Lane  
Suite 200  
Westmont, IL 60559

NATIONAL CITY BANK  
9101 N. Greenwood  
Niles, IL 60714

NORTHWEST COMMUNITY HOSPITAL  
800 West Central Rd.  
Arlington Heights, IL 60005

NORTHWEST RADIOLOGY ASSOC.  
641 E. Butterfield Rd.  
Lombard, IL 60148

NORTHWESTERN MEDICAL FACULTY FOUND.  
680 N. Lake Shore Dr.  
Suite 1000  
Chicago, IL 60611

NORTHWESTERN MEMORIAL HOSP.  
251 E. Hurin St.  
Chicago, IL 60611

PALATINE ENDODONTICS  
520 N. Hicks Rd.  
Suite # 110  
Palatine, IL 60067

PIERCE & ASSOC.  
1 N. Dearbron St.  
Suite 1300  
Chicago, IL 60602

PROVIDIAN  
P.O. Box 99604  
Arlington, TX 76096

RADIOLOGY IMAGING CONSULTANTS  
P.O. Box 1886  
Harvey, IL 60426

REVENUE PRODUCTION MANAGEMENT  
P.O. Box 830913  
Birmingham, AL 35283

RICHARD WINER, CPA PC  
181 Waukegan Rd.  
Suite 301  
Winnetka, IL 60093

RUSH BEHAVIORAL SYSTEMS  
500 W. Central Rd.  
"Hi Fred"  
Mount Prospect, IL 60056

SANFORD KAHN LTD.  
180 N. LaSalle St.  
Suite 2025  
Chicago, IL 60601

SBC  
c/o Asset Acceptance LLC  
P.O. Box 2036  
Warren, MI 48090

STANLEY TECHNICAL CORP.  
3355 N. Ridge  
Arlington Heights, IL 60004

T MOBILE  
P.O. Box 742596  
Cincinnati, OH 45274

TRUE-GREEN CHEMLAWN  
P.O. Box 848  
Wheeling, IL 60090

UNITED HEALTH CARE  
c/o D & B RMS  
77 Hartland St., Suite 401  
East Hartford, CT 06128

WAGENER EQUITIES  
1840 Industrial Dr.  
Libertyville, IL 60048